U.S. Dept. of Transportation Alcohol Testing Form

(The instructions for completing this form are on the back of Copy 3.)

1111 N

Gretna
800-

KROLL

1111 Newton Street Gretna, LA 70053 800-433-3823 54320929

SPECIMEN ID

▶Step 1: To be completed by Alcohol Te	echnician		
A. Employee Name (Last Name, First Name)			LAB NUMBER
(Last Name, First Name)	T []		
R SSN or Employee ID No.			
B. SSN or Employee ID No.			-
			· · · · · · · · · · · · · · · · · · ·
C. Employer Name & Address	Facility N	0.	
— DEPARTMENT NAME / DOT —	_		
STREET ADDRESS CITY, STATE, ZIP CODE	_	123456	
PHONE # ' FAX #		303730	
D. Reason for Test			
☐ Random ☐ Reasonable Susp. ☐ Post-Accident ☐	Return to Duty	☐ Follow-up ☐ Pre-employment	
E. Collection Site Name & Address	Collection	Site No.	41111
	_		An Charles one single specific
			To the state of th
			I have the
►Step 2: To be completed by Employee/	Donor		(Bloger Evident Tape
I certify that I am about to submit to alcohol testing req		of Transportation	
regulations and that the identifying information provided	d on the form is	true d correct.	
			Affix or
Employee/Donor Signature	1.00	(month/day/year)	1 Pilet
			ै Additional Results (e.g.] । Calibration Check) Here. ।।
Step 3: To be completed by Alcohol Se			The state of the s
If the Technician conducting the screening hast is not to confirmation test, each Technician must complete their	own form	cian who will be so ucting the	6 Store Ma Transport Fridant
I certify that I have conducted alcohol testing withe ab- procedures established in the U.S. Dept. of Tan sporta	ove named indiv	vidual in actions with the	Affin with Tamper Evident Tape.
qualified to operate the esting device(s) identified and	uon regulation 4 ' that the results	9 CFR Part 0, th 1 am are a	
Technician: ☐ BAT ☐ 9 1 Dexice: ☐ Salva	☐ Breath <u>15</u>	-Mi. ute W it: ☐ Yes ☐ No	
Result: Negative Positive Test Results	s: Results Mt	ST be an ed to each copy	
		v onto the form.	Screening Test:
Alcohol Technician Name	Alcohol Te	echical Phone No.	For Breath Device: write in the space below ONLY if the testing
		, , , , , , , , , , , , , , , , , , , 	device is NOT designed to print.
Alaskal Tarkalala O'			Test No.:
Alcohol Technician Signature	Date	(month/day/year)	Testing Device:
N Cham de To be a second de la		- 44 6	Serial # or
Step 4: To be completed by Employee/Donor if Test Result is 0.02 or higher I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this			Lot # & Exp. Date:
form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment			Activation Time:
because of the results are 0.02 or greater.		,	Reading Time:
		/ /	Result:
Employee/Donor Signature	Date	(month/day/year)	